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## **ALLERGIC REACTIONS – ANAPHYLAXIS**

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### **FIELD ASSESSMENT/TREATMENT INDICATORS**

1. Signs and Symptoms of an Acute Allergic Reaction.
2. History of Exposure to Possible Allergen.

### **BLS INTERVENTIONS**

1. Recognize s/s of respiratory distress for age.
2. Reduce anxiety, assist patient to assume POC.
3. Oxygen administration as clinically indicated, (humidified oxygen preferred).
4. Assist patient with self-administration of prescribed Epinephrine device.

### **LIMITED ALS INTERVENTIONS - ADULT**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
2. Epinephrine (1:1,000) 0.3mg SQ. Contact Base Station for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
3. Nebulized Albuterol 2.5mg with Atrovent 0.5mg via handheld nebulizer for wheezing. May repeat times two (2).
4. Establish peripheral intravenous access. If patient's systolic blood pressure <90mm Hg, then given a bolus of 500ml normal saline. May repeat the fluid bolus as needed to sustain a BP of >90 mm Hg systolic. Monitor lung sounds and decrease flow rate as needed.

### **LIMITED ALS INTERVENTIONS – PEDIATRIC (Less than 15 years of age)**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
2. Nebulized Albuterol 2.5 mg with Atrovent 0.5mg - may repeat times two (2).

- a. 1 Day to 12 months – Atrovent 0.25mg
  - b. 1 year to 14 years – Atrovent 0.5mg
3. If no response to Albuterol and Atrovent, consider Epinephrine (1:1,000) 0.01mg/kg SC not to exceed adult dosage of 0.3mg. (with Base Station contact).
4. For symptomatic hypotension with poor perfusion, consider fluid bolus of 20ml/kg of NS not to exceed 300ml NS and repeat as indicated.
5. Establish additional IV access if indicated.
6. Base Station may order additional medication dosages and additional fluid boluses.